

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/486516**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		⑥				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		⑥				
24						
25		1				
26		⑥				
27		①				
28		④				
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49						
50						
TOTAL IND.	/					
TOTAL DEP.	—	↓	↓	↓	↓	↓
TOTAL CLAIMS	/	L				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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97					
98					
99					
100					
TOTAL IND.		↓			
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	/	L			